REMARKS/ARGUMENTS

The undersigned would like to thank the examiner for the telephonic interview that was conducted on April 19, 2007. Especially appreciated was the examiner's patience and willingness to allow the undersigned to explain the reference and distinctions of the claims over the reference.

Claims 24-28 and 31-50 are pending. Claims 24, 25, 27, 31, 32, 37-39, 44, and 48-50 have been amended. Claims 24 and 37 were amended to more clearly recite previously presented limitations. The scope of the claims has not been changed. No new matter has been added.

Claims 25 and 31 were objected to and accordingly amended. Claims 24, 27, 32, 37-39, 44, 48-50 were rejected under 35 U.S.C. §112, and accordingly amended.

Claims 24-26, 31-35, 37-42, 44-46 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lewis, et. al., U.S. Patent Application Publication Number 2001/0041992 in view of Jones, et. al., U.S. Patent Number 6,516,324. Claims 27-28, 36, and 43 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lewis and Jones in view of Vining, et. al., U.S. Patent Number 6,819,785.

Independent claim 24 recites in part:

> for the selected report type:
> presenting an organ list of the associated organs corresponding to the selected report type; and
> for each associated organ presenting a list of applicable medical descriptions and receiving a selected applicable medical description, wherein the selected applicable medical description is associated with said each associated organ; *(underlining added for emphasis)*

As a preliminary matter, support for claim 24 may be found in the specification at least at **¶[0013]-¶[0014]**. In the above quoted section of claim 24, after the user selects the report type,

the user then selects medical descriptions for each organ in that report type. Every organ in the list is described by the user.

In contrast, Lewis "drills down" through a series of menus and stops at a single anatomical structure (i.e., organ):

> Returning to FIG. 6, once the anatomic structure object 114 for the selected anatomic structure is retrieved in a block 255, the anatomic drill-down subroutine determines in a decision block 256 whether additional substructures of the highlighted anatomic structure are available. As noted above, certain anatomic structures may themselves be made up of smaller substructures. However, if further anatomic substructures are not available, then the finest layer of substructure granularity has been reached and the logic will merely proceed from decision block 256 to a block 258. (Emphasis added; **¶[0079]**)

The user then selects codes for that one organ:

> In block 258 the selected anatomic structure is displayed along with a menu 412 from which the user may select either ICD9 codes or CPT codes. An example of such a menu 412 is shown in FIG. 4D with reference to Web page 420 in which the right shoulder anatomic structure 410 has been selected by the user. (Emphasis added; **¶[0079]**)

In the pending claims, a list of organs associated with a selected report type are presented immediately after the report type is selected and every organ on the list receives a medical description. By comparison, when Lewis reaches "the finest layer of substructure granularity" after drilling down, codes are entered for that one organ (**¶[0079]**). Once the codes for the organ are selected, the "anatomic user interface 58 then ends in a block 244" (**¶[0102]**) and the user starts over at the beginning (Figs. 5A-5C). Thus, Lewis does not teach "presenting an organ list of the associated organs corresponding to the selected report type; and for each associated organ presenting a list of applicable medical descriptions and receiving a selected applicable medical description, wherein the selected applicable medical description is associated with said each associated organ."

Independent claim 24 further recites in part:

> outputting a patient report comprising the medical descriptions of the associated organs in the selected report type.

In the latest office action, Lewis' "treatment plans" were equated with the recited "patient report[s]." (Page 6) However, Lewis' "treatment plans" are not patient reports containing medical descriptions, because "[a] treatment plan is a predetermined sequence of healthcare service orders for treating a particular medical event or diagnosis." (**¶[0107]**) Lewis' healthcare service orders are not the recited medical descriptions, they are orders for healthcare service.

Additionally, citations in the office action appear to equate Lewis' "medical history" with the recited patient report. (Page 6) Lewis' "medical history" is not the recited patient report containing medical descriptions, because "[t]he medical history information consists of an aggregate view of the orders placed for a patient using the anatomic user interface" (**¶[0113]**) As understood, Lewis' phrase "medical history" is "an aggregate view of the orders [for service] placed for a patient." In contrast, the recited medical descriptions are medical conditions of the listed organs. (**¶[0044]**) Furthermore, the recited patient report contains a medical description for a plurality of organs associated with the report type, whereas Lewis' "medical history" is for a single organ, by virtue of Lewis' anatomic user interface which only allows users to drill down to one organ.

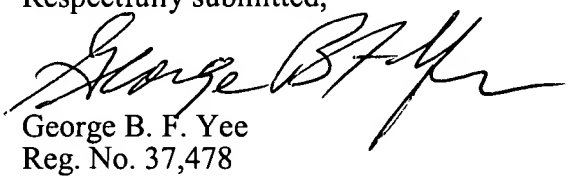
Independent claims 37 and 44 contain similar limitations and should be allowed by the same rationale. The other claims depend on one of the above claims and should be allowed for the same reasons and for the additional limitations that they recite.

CONCLUSION

In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,



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